2014-43-C 262740



January 29, 2016 **Via Overnight Delivery**

2600 Maitland Center Pkwy.

Suite 300

Maitland, FL 32751

P.O. Drawer 200

Winter Park, FL

32790-0200

Tel: 407-740-8575

Fax: 407-740-0613

www.tminc.com

Ms. Jocelyn Boyd South Carolina Public Service Commission 101 Executive Center Dr. Suite 100 Columbia, SC 29210

RE:

Budget PrePay, Inc

SC Copy of FCC Form 555 - Annual Lifeline ETC Certification

For the month ending January 31, 2016

Dear Ms. Boyd:

Enclosed please find a copy of the SC Copy of FCC Form 555 - Annual Lifeline ETC Certification for the month ending January 31, 2016, filed on behalf of Budget PrePay, Inc. No check is enclosed as there are no remittance fees due.

This report has been emailed to jmcdanie@regstaff.sc.gov.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Craig Neeld

Compliance Reporting Specialist

cc:

Lakisha Taylor - Budget PrePay, Inc

file:

Budget PrePay, Inc - Reporting - South Carolina

CN/ab

RECEIVED

FEB 01:2016

PSC SC MAIL / DMS

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

SC	Budget PrePay Inc.
State	ETC Name
Budget Phone	Budget PrePay, Inc.
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
ermined in accordance with Section 3(2) of the Communica	ETC, using page 4 and additional sheets if necessary. Affiliation shall be ations Act. That Section defines "affiliate" as "a person that (directly or indirec
s or controls, is owned or controlled by, or is under comm	ion omneranip or control with, unother person. 47 O.S.C. 9 133(2). See also 4
s or controls, is owned or controlled by, or is under comm. R. § 76.1200.	win ownership of control with, unwher person. 47 0.3.C. y 133(2). See also 4
	Affiliated ETC's Name

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or

comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial RH

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
107	0	0	31	76

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
76	36	40	0	40

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial RH

AND/OR

B.)	.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:		
	N/A	. Results are provided in the chart above	in
	Blocks K through L. I am an officer of the company named above.	I am authorized to make this certification for t	he
	SAC listed above.		
	Initial		

UK

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
76	40	52.63%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes 👩

No 👩

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online

Signature of Officer

dhyde@budgetprepay.com

Email Address of Officer

Robin Enkey

Person Completing This Certification Form

Robert Daniel Hyde III

Printed Name and Title of Officer
01/28/2016
Date
318-671-5784

Contact Phone Number

Affiliated ETCs

SAC	Name
249017	Budget PrePay Inc.
	CONTROL AND I AME
	18
	N N
S. Michael St.	
A CONTRACTOR OF THE CONTRACTOR	
	79-16-79-71-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	<u>L</u>

Alton Brown

From: Sent: Alton Brown [abrown@tminc.com] Friday, January 29, 2016 8:45 AM

To:

'jmcdanie@regstaff.sc.gov'

Cc:

'cneeld@tminc.com'

Subject:

Budget PrePay, Inc. - SC Copy of FCC Form 555 - Annual Lifeline ETC Certification - for the

month ending January 31, 2016

Attachments:

249009SCh.pdf

Importance:

High

Dear Sir or Madam:

Attached please find the SC Copy of FCC Form 555 - Annual Lifeline ETC Certification for the month ending January 31, 2016, filed on behalf of Budget PrePay, Inc..

If you have any questions please contact Craig Neeld at 407-740-8575.

Thank you,

Alton Brown

Compliance Reporting Associate abrown@tminc.com
407-659-8744 Direct
407-740-8575 Office
407-740-0613 Fax

Technologies Management, Inc. 2600 Maitland Center Parkway Suite 300 Maitland, FL 32751

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